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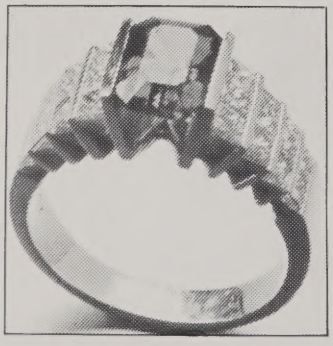

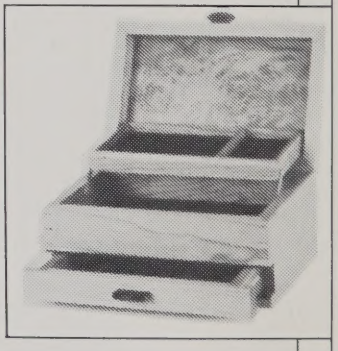

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THE HAMPDEN HIPPOCRAT

VOLUME XXXXIV NO. 1
FEBRUARY—MARCH 1988

1414 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01109
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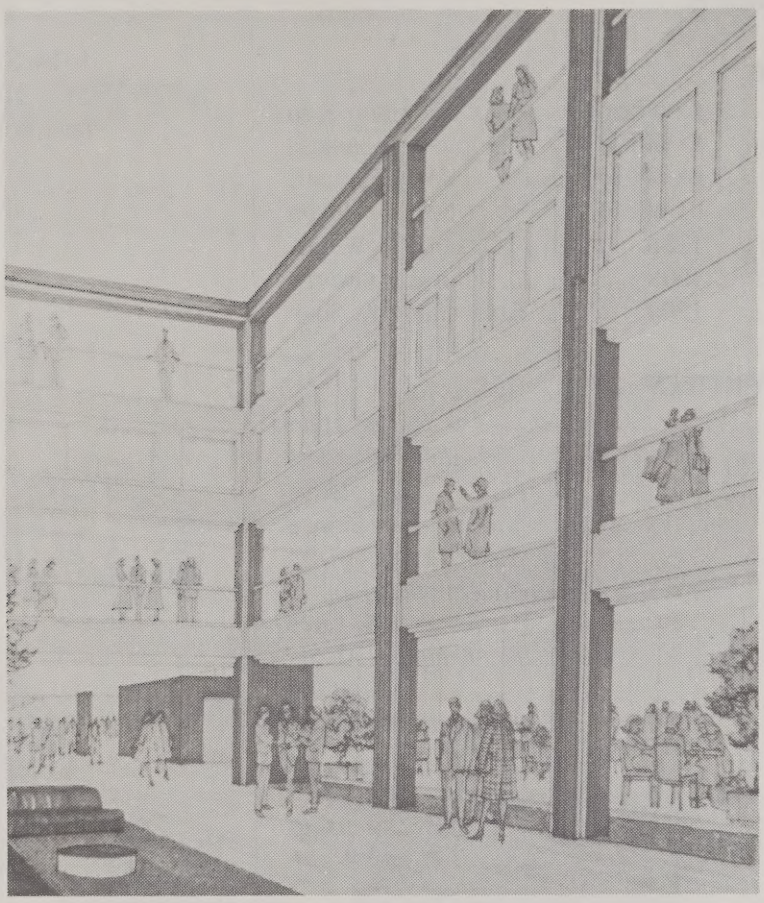

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THE HAMPDEN HIPPOCRAT

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FEBRUARY—MARCH 1988

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THE HAMPDEN HIPPOCRAT is published bi monthly.
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
All communications should be addressed to Carol L. Nystrom, Hampden District Medical Society, 1414 State St., Springfield, MA 01109: Telephone: 736-0661.
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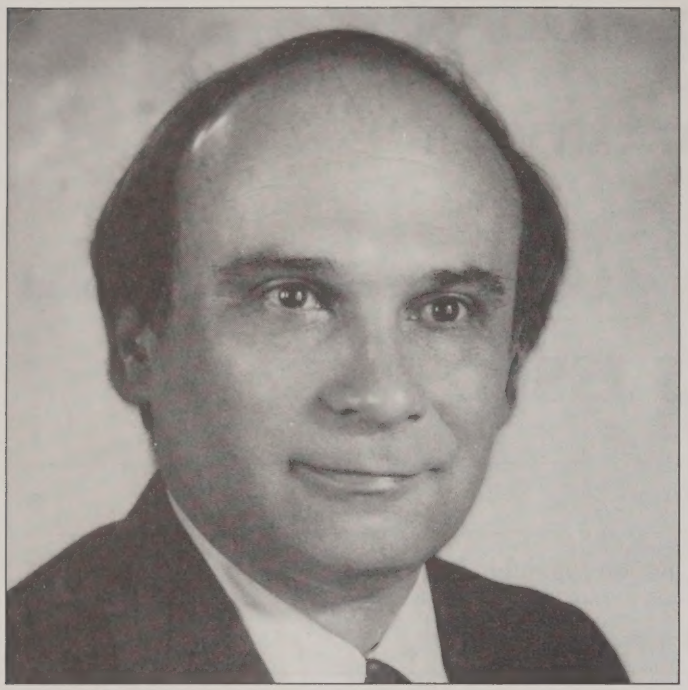
HDMS President's Message



Gregory A. Slachta, M.D., President

Dear Colleague:

There are so many thoughts running through my mind at this time, I hardly know where to begin.

As I am writing this page on the eve of the Iowa primary, let me comment on the Governor's campaign for national office. The Massachusetts miracle may be beginning to fall apart or at least appears to be somewhat frayed. Automobile insurance companies are beginning to leave the Commonwealth (not an uncommon experience for many of our colleagues these last few years). I can't wait for the citizens' response to retroactive automobile premiums—seems that justice may be served after all. Most likely justice will be sidestepped and no corollary to retroactive malpractice premiums will be made.

The Universal Health Bill passed the Senate but not in the form the Administration proposed last fall. It was of course D.O.A. in the House. Calm and caution prevailed there and responsible voices questioned the financial implications and its fairness to those in small business. As small businessmen and women, physicians would also be hurt in this legislation. Representative Sherwood Guernsey, (D-Williamstown) Vice-Chairman of the Joint Health Care Committee, in a television debate with me assured me he would not support a bill that was detrimental to small business. I wish I could feel comfortable with that commitment.

Other major pieces of legislation fell also in the 11th hour in the State House; ie. Transportation Bond and Convention bills. Though they are able to be resurrected, one should question the Governor's ability to govern let alone lead in what is essentially a one party state. I would seriously question this Administration's ability to manage the art of compromise that leads to successful legislation. He, the Governor, is obviously not philosophically attuned to a responsible fiscal policy. Fortunately, the House members have demonstrated they are by their cautious action.

Our Non-Par Bill took its lunps as well. I call it the freedom of choice legislation for the citizens of the Commonwealth. The Legislature obviously doesn't believe in that concept, and neither does the Governor and Blue Shield. The Governor's position appears to be unalterable because of opposition of organized labor, a group he is actively wooing in his national quest for the Holy Grail. To her credit, Sen. Melconian (D-Springfield) tried desperately to get a bill out. It would not have gone as far as it did without her efforts. There were just too many forces pulling in too many directions for success. Even Medex Non-Participation legislation passed in the Senate, fell in third reading in the House at the end of the legislation session.

Of course, **many** of our local legislators have been working on behalf of their constituents to have this freedom of choice legislation. I ask you to remember **that support** this coming election year, as the campaigns begin. We have developed many friends in the legislature from western and even some from eastern Massachusetts.

You will be pleased (my hyperbole) to hear that legislation was passed on December 31st to allow Blue Shield to reimburse Chiropactors. They, of course, are not, to my knowledge, bound by a contractual lock-out any more. It is also my understanding that dentists have successfully obtained freedom of choice legislation in the past. **Feel discriminated against?**

Then of course there is Blue Shield of Connecticut who on January 4th sent this memo to its providers "**is pleased to announce that participating and preferred providers may elect to accept assignment and receive direct payment for services provided to our members with group comprehensive and wraparound coverage, or to not accept assignment and to have such payments sent to our members**". That of course means no lock-out of non-participating physicians and no balance billing restrictions of participating physicians. Let freedom ring in the Cradle of Liberty as it has for our neighbors to our south. Tim Norbeck, Executive Director of the Connecticut Medical Society said recently that "perhaps Connecticut's greatest burden is sharing a border with the People's Republic of Massachusetts." Is it any wonder people feel this way?

On the Medicaid front there is still the Sword of

continued

Damocles threat of mandatory participation as a condition of licensure over our heads. It should be noted that Dr. Sidney Wolfe of the Public Citizen, a Ralph Nader Health Research Group, rated Medicaid programs around the country based on eligibility, services, providers, quality and reimbursement. Massachusetts was ranked 4th overall; 3rd in eligibility; 3rd in services; 19th in participation and 27th in reimbursement. But comparing participation with similar industrial states the data becomes more interesting:

State	Physicians/1000 beneficiaries
Florida	25.44
Texas	23.35
Ohio	22.37
Massachusetts	**22.14**
New York	17.17
Pennsylvania	16.34
Illinois	15.10
Connecticut	11.93
Michigan	11.29
California	9.38
New Jersey	8.00

Comparing New England States it looks like this:

State	Physicians/1000 beneficiaries
Vermont	47.63
Massachusetts	**22.37**
Rhode Island	16.46
Maine	13.02
New Hampshire	12.76
Connecticut	11.93

It should be noted that there are **2.38 physicians/1000 residents** in the Commonwealth using the highly touted Blue Shield figures. Actually, it is closer to **1.54 physicians/1000 residents** in western Massachusetts based on 1985 HSA I data.

Our participation levels are better than most states. A tribute to the physicians who have put service to our patients and community ahead of dealing with an administratively disasterous program.

Doom and gloom? No, not really. It is, however, time for us to reassert our leadership role in our community and commonwealth. To this issue you will find the Long-Range Plan for the District dealing with many of the problems as we move into the next decade. It will not come cheaply and without personal and collective commitment. It will be necessary to carry out our heretofore effort to maintain quality care for the citizens of the valley and adequate physician resources. I ask you to support this Long-Range Plan. We have shared much of the vision before but have failed to implement these plans. It must be our resolve to do so at this time. I congratulate and applaud the members who have committed much to the plan and to Dr. Verrilli who has guided this group (with no input from me though advising me of the progress along the way). Please read the plan in this issue of the Hippocrat. Remember, it is not all immediately implementable and it will have to be prioritized. On March 29th I have called a Special Business Meeting of the District in the Municipal Hospital Auditorium to discuss the plan and open discussions for general input from the members. Please write to the Executive Committee as well so we can benefit from your counsel. It is a far reaching and ambitious plan but nontheless necessary to our future and the future of practice of medicine in the district.

I make a special plea to the members to support **Baypac,** your political action committee. You cannot be in the political process without strong support of your PAC. Last year in the Commonwealth the PAC received an average of $4 per physician. Don't let George do it. Please give $35, 50 or 1000 dollars to **Baypac.** We can all find a reason why not, but we best not curse the darkness if we do not. Dr. William Callahan, Chairman of Baypac, from Greenfield has done an incredible job in getting the pac off the ground. Let us help make him soar!

Once again we had the President-elect of the American Medical Association (Dr. James Davis) as our guest. I wish more of our members could have taken the time to be there and share your thoughts with him. Generals need to hear from the troops particularly when they come to the frontline of a war zone.

At our next meeting in April (my last), we will have several guests: **Dr. William McDermott**, Executive Vice-President of the Massachusetts Medical Society; **Dr. Steven Bandeian**; Aide to Rep. Fortney "Pete" Stark. Chairman of the House Health Subcommittee of Ways and Means in Washington, DC. (Steve is one of our own; son of Past-President John Bandeian) and hopefully, if his schedule permits, the **Honorable John J.H. Schwarz, M.D.**, a practicing otolaryngologist, Majority Leader of the Michigan Senate and former Mayor of Battlecreek. I would like to see a few more of you there that evening.

> "Nothing in the world can take the place of persistence. Talent will not; nothing is more common than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated derelicts. Persistence and determination alone are omnipotent."
>
> Calvin Coolidge

> "Always bear in mind that your own resolution to succeed is more important than any other one thing"
>
> Abraham Lincoln

Report of Long Range Planning Committee

The following document is a result of the deliberations of the Long Range Planning Committee chaired by Dr. Rocco Verrilli.

I believe this document should serve as a basis for allowing the District to prepare for the future survival of quality medical care in the region. Though some of the subjects will be controversial, it is clear that it is appropriate to discuss them and prioritize implementation of those that we believe will accomplish the goal of a strong District Medical Society in the future. We will be calling a special meeting of the District which will be held at Chapin Auditorium in Springfield Municipal Hospital, 1400 State Street, Springfield, Massachusetts. The meeting will be held on Tuesday, March 29, 1988, and will begin at 6:30 p.m. The purpose of this meeting is to implement those deliberations that best suit the needs of the Society.

I look forward to your input as does the Executive Committee.

Gregory A. Slachta, M.D., President.

INTRODUCTION

The current and growing socioeconomic crises are well known to the members of the Hampden District Medical Society and need not be enumerated here. Be it resolved that, in order to restore and enhance public confidence in and support for the medical profession in its primary and major commitment of providing the best quality medical care to all patients, the following proposal be accepted and promoted.

RECOMMENDATIONS

I. PUBLIC RELATIONS PROGRAM

The purpose of this program will be to inform and educate the public of the HDMS's programs, purposes and goals and to ultimately create a positive perception as a patient advocate organization whose aims are to assure quality of care, access to care and community service.

A. Implementation Examples

1. Health Care Fairs
2. School Programs
3. Hot Line
4. Improve Media Relations
5. Speakers Bureau
6. Television/Radio Public Service Announcements
7. Scholarship Promotion
8. Weekly Press Releases
9. Collaborative Programs with Affiliate Organizations
10. Broadcast Talk Shows
11. Topical Position Papers
12. Health Care Crisis Education for Patients

B. Community Outreach

1. Volunteerism By Members
   a. Encourage members to volunteer care for those less fortunate (ie: poor, indigent) in concert with others whose purpose it is to improve the quality of life for all
2. Community Interaction/Good Neighbors
   a. Encourage membership in or volunteerism with traditional organizations (ie: Kiwanis, Rotary, Chambers of Commerce, YMCA, Scouts, United Way, neighborhood church and school groups, etc.)
   b. Target group interaction beginning with a Senior Citizens "grass roots" campaign.
   c. Institute recognition program for this effort at both levels of service.

C. Strengthen Society Infrastructure

1. Executive Director
   a. Add a full-time, salaried Executive Director to support the President and Committee Chairpersons; to focus on the Society's needs; to function as the liason with Western Mass Legislators; to assist in detail work; and to effect continuity throughout the year and from administration to administration, or
   b. Revise job description and compensation for Executive Secretary to assume responsibilities of Director working with assistant and public relations arm

continued

2. President-Elect

a. To ensure uninterrupted succession; to strengthen continuity; and to provide greater experience to each incoming president, restructure the Executive Officer roster to include three positions: President, President-Elect and Vice President ie. Vice President moves to President—Elect, President-Elect to President and new Vice President being appointed annually.

D. Membership Increase, Reinforcement and Attendance

1. Improve Educational Environment

a. Attach educational credit segments to quarterly meetings

b. Attract speakers with greater appeal to greater numbers

c. Expand upon existing seminars and add more on timely subjects

d. Generate new education programs on pertinent issues adding value factors in fulfilling credit requirements

2. Conduct Aggressive Concentrated Membership Drive Annually

3. Offer a Greater Number of Quality Programs

4. Encourage Reactivation of The Women's Auxiliary for needed strength and support

5. Institute Annual Social Programs to heighten Camaraderie

6. Extend Society Strength with "Associate" memberships drawn from area medical and dental organizations to effect a greater voice in the State House via campaigns and voting power thereby effectively offering regional support to the HDMS

7. Committees

a. Create a "mission statement" for each committee so that the charge is clear

b. Nominate and elect new chairpersons annually to offer a more direct voice to those members who choose to participate more actively

c. Create a "Special Interest" committee to address issues of the day that affect the well-being of the Society and its members; to offer strategy, guidance and support.

II. SUPPORT PROGRAM

A. Annual Dues

1. Increase by $25

B. Quarterly Meetings

1. Add extra charge for dinner

C. Hippocrat

1. Restructure advertising rates and promote advertising and growth with a goal for the **Hippocrat** to be self-supporting.

D. Certification Program

1. Promote certification programs for added benefit for members as well as income source

E. Underwriting

1. Explore sponsorship of programs and meetings through various providers of services to the medical profession (ie. pharmaceutical companies, suppliers, etc.)

F. Academy of Medicine Library

1. Effect a cost savings by relieving HDMS of the Library expenses either by transferring it to another organization, phasing it out, seeking total private sector support or other means

SUMMARY

The Hampden District Medical Society can strengthen its defenses, sharpen its resolve and be stimulated to greater productivity. With aggressive programming, promotion, a strong membership and vigilance, HDMS can regain the leadership role it deserves; the control of our health system that is essential; the capability to move the Massachusetts Medical Society to implement important programs initiated here on a state level; and the security of society that is organized, effective and financially sound. ■

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Summary of January District Meeting

Dr. Slachta presented plaque to Dr. Davis.

The Hampden District Medical Society held its second 1987-1988 meeting on January 26, 1988 at the Sheraton West in West Springfield.

The Business Meeting was begun with the report by Dr. Verrilli of the Long Range Planning Committee. A hand out of the report was given to all members (and is printed elsewhere in this issue).

Concurrently Dr. Remsberg gave his Treasurer's Report stating that a dues increase of $25.00 had been approved by the Executive Committee at the January 11, 1988, meeting. This amount was needed to begin implementation of the Long Range Planning Committee's Report. This was followed by a motion to raise the dues to $220.00 which was voted in favor.

Dr. Slachta then announced that there will be a special meeting of the membership to vote on the Long Range Planning Committee Report which will be held on Tuesday, March 29, 1988 at 6:30 p.m. in the Chapin Auditorium of the Springfield Municipal Hospital at 1400 State Street.

Finally, Ms. Marjorie O'Brien was introduced as Library Service Consultant who had been retained to evaluate the future direction of the Springfield Academy of Medicine Library. She will be sending questionnaires to all members

Following a Social Hour and dinner, James E. Davis, M.D., President-Elect of the American Medical Association, was introduced as the main speaker. Dr. Davis graciously thanked Dr. Slachta and the staff of the HDMS for its "better than southern hospitality". In looking at the state of medicine in America today he claimed that health care has risen to unprecedented heights, improving life expectancy to 75 years, improving the quality of life, decreasing heart attacks and strokes by 25%, reducing the morbidity of most types of infections other than AIDS, and prolonging the useful life of cancer victims.

Dr. Davis then went on to discuss the AMA's major activities in the year 1987. He stated that many members of Congress were dedicated to the principle of further regulation of physicians. DRG's for physicians were not imposed upon us in this past year primarily by the strong stand that the AMA took with that body. He also went on to state that the AMA played a major role in preventing mandatory Medicare assignment to be placed on all physicians throughout the country.

A relative value scale is being worked on through the cooperation of the AMA and the Harvard University Group. The fact that this relative value scale program is imminent and will be ready for discussion this coming summer has been instrumental in preventing any

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major change in how physicians are reimbursed under Medicare. The government is choosing to wait until the study is completed. Dr. Davis then went on to make a plea that physicians be supportive of this study and not attempt simply to protect their own specialty turf at the expense of other members of the profession.

The AMA is one of the major players in the fight against AIDS so they are striving to ensure compassionate medical care for all AIDS patients and at the same time are striving to protect the public health of the country by encouraging physicians to notify aggressively the sexual partners of AIDS patients of their potential danger.

Dr. Davis went on to recount the problems of the medical care of the asolescent, particularly the 50,000 or so that attempt suicide each year, because they find life in this affluent society too unbearable. There is an obvious problem here and the AMA has called together a large coalition which is planning a National Congress to study the solutions of this problem.

Dr. Davis finished by making a two-fold plea. First, he pled for increased membership at all levels of organized medicine, as well as increased involvement. He pointed out that we all are privileged to have entered the medical profession, but that with this privilege comes a share of the responsibility to promote and enhance our professional goals. Secondly, he encouraged all members to work extremely hard at letting the public be aware that we are a service oriented profession. We all knew it was a service oriented profession when we entered it, but now in a different era we must not let the technological advances and monetary burdens that they bring obscure to the eyes of the public that we are indeed a service oriented profession.

Dr. Slachta finished the evening by thanking Dr. Davis and presenting him with an historical plaque and a pen and pencil set. ■

Terry D. Ryan, M.D.

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REAL PEOPLE ARE AFFECTED BY ALZHEIMER'S DISEASE: An Update on the Alzheimer's Disease and Related Disorders Program of the Visiting Nurse Association of Springfield.

... What About Tom and Helen?

To most people Tom appears to be a normal 82 year old—a little stiff perhaps as he and Helen, his wife of 53 years, take their daily walk. Arthritis? No—it's Alzheimer's.

Helen's neighbors know; they watch to see the shades go up in the morning to be assured that all is well at the start of another long day. They call Helen if they see Tom heading down the street alone.

The police know; Helen has had to call on them for help—once when Tom couldn't undo the bathroom door in the house where he has lived for 32 years.

And the **Visiting Nurse Association of Springfield** knows. Helen's friends at the VNAS Alzheimer's Program know that without her, Tom could not survive. He can no longer dress himself, tie his shoe laces or attend to his personal care. He no longer knows Helen's name, and does not recognize their two sons. Tom wears a diaper 24 hours a day.

Helen's friends at the VNAS are in touch through telephone calls and visits to advise her, and offer emotional support at this stage of Alzheimer's when the disease threatens two lives. The **Nurse Educator** consults with Tom and Helen's physician about Helen's high blood pressure and the medication prescribed to help keep Tom's behavior manageable. She also advises Helen about coping with her own feelings as Tom changes into an unpredictable stranger, as well as how she might avoid situations which could cause additional stress for both of them. Strategies for practical aspects of daily caregiving are addressed with special attention given to diet, safety measures in the home, and the increased demands made on Helen by Tom's incontinence. The next stage in the continuum of care has been discussed, and Helen has planned ahead for the time when she will no longer be able to meet the intense demands of caring for Tom at home. However, taking that step is something she dreads.

The emotional and financial aspects of nursing home placement are frequent topics for discussion at **Support Group Meetings.** Occasionally, when the need arises, guest speakers share their expertise with the group, but Helen and her friends look forward to their own discussion of problems common to their situation, and enjoy moments of humor while sharing their poignant stories. They all receive the program newsletter, **OUTREACH**, and feel "connected" even when unable to attend meetings. Helen has missed Support Group Meetings when she was unable to find a sitter for Tom, so she is pleased to be next in line to receive the services of a trained **Respite Volunteer.** The volunteer will stay at home with Tom while Helen attends meetings or spends time regaining her perspective elsewhere.

There is much to be learned about the ramifications of this dreadful disease which afflicts about 50,000 adults in Massachusetts, and is the fourth leading cause of death. Helen has attended several **educational programs** arranged by the VNAS, and tries to keep ahead of what the next stage will bring. **The Management of Incontinence At Home** was a timely seminar for Helen. With the information acquired at the program, she is now able to minimize the emotional effect that this

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... What About Tom And Helen continued

problem has on her and their sons, and is able to cope with the practical aspects of caring for Tom. They all credit the sessions on "Legal and Financial Planning" in the **Annual Educational Series** with saving Helen from economic hardship. Helen feels that by knowing her opponent, it is easier to maintain a more positive attitude.

Helen is also grateful to the VNAS for the peace of mind gained from **Alzheimer's Alert!** This simple scheme was developed by the VNAS, and is now in use in many communities throughout the state. While Helen's back has been turned, Tom has occasionally managed to leave the house to "go home". By registering him with their local police department, Helen has insured that if he becomes lost all the information required, plus a photograph, is on file to man a search quickly. In the event of an emergency involving Helen's health, family contact names are also available to the police.

Tom's illness started at about the time he retired 15 years ago. When the end finally comes, his brain will be contributed to research at the University of Massachusetts Medical Center in Worcester. Earlier this year, a unique alliance called the **Dementia Brain Donation Program**, was developed by the VNA of Springfield between Baystate Medical Center and the University of Massachusetts Medical Center to give families the opportunity to do something very positive at the end of their ordeal. Through this program, Helen and her sons will learn the identity of the thief that stole the mind, personality, independence, and the golden years of retirement of the man they love.

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Our peripatetic cynic has once again searched far and wide for butts for his current right wing diatribe. *The Editors*

The Roving Cynic Strikes Again!

After a politically embarrassing defeat of his proposal to establish universal health coverage for the citizens of Massachusetts, the Governor has made several changes in the bill which is currently being considered by the state legislature. Observers are giving the new bill an excellent chance of passing. However, the Massachusetts Medical Society has expressed reservations about the bill.

Provisions considered particularly unwelcome by the Medical Society include the AIDS clause, the Quality of Care clause, the Cost Reduction clause, and the Diffusion of Skills clause.

The AIDS clause recognizes that patients who are tested positive for the human immunodeficiency virus (HIV) are responsible for the expenditure of a disproportionate fraction of the health care dollar. A number of remedies have been proposed to limit the spread of AIDS in the population (quarantine of HIV positive patients; mandatory HIV testing of individuals in positions where there was danger of infecting normal persons), but all have been recognized as illegal or unconstitutional. Furthermore, the HIV problem in Massachusetts is politically sensitive.

"The Governor will not retreat from his position that every citizen of Massachusetts has a right to practice any kind of sexual behavior he or she wants to," said Randy LaFlame, the Special Assistant for Alternative Sexual Behavior, "and, furthermore, we all recognize that AIDS is a problem for the whole population. I would, in addition, add that the Governor's position is not at all influenced by the fact that 100% of HIV positive individuals voted for him during the last election."

The provision in question encourages citizens to develop HIV positivity, through a combination of tax breaks, preferred hiring policies, and the addition of this as a requirement for holding a Massachusetts driver's license. "At the moment," says LaFlame, "the Governor has rejected out and out coercion to achieve his goal of having the state become the first in the nation to achieve 100% HIV positivity.

"If most of the population were HIV positive," LaFlame points out, "all state health expenditures would be divided pretty much equally, rather than going inordinately to the few AIDS patients as is the case now. Furthermore, this policy would certainly put a stop to the reactionaries who are calling for measures which, lets face it, are discriminatory against people excercising their constitutional right to an alternative life style. We see this as a remarkably even-handed and forward looking measure."

The Quality Assurance provision was a compromise among the Governor, the state legislature, the Massachusetts Bar Association, and the Massachusetts Association of Law Colleges.

Snavely W. Reptile, spokesman for the Bar Association, explained that this provision was likewise an example of the Governor's talent for exploiting the strengths of the state in handling its weaknesses.

"Massachusetts will graduate 7500 lawyers in 1988, and about 500 more per year each year thereafter, as more and more colleges are encouraged to develop law schools. An excellent way to insure Quality Medicine would be to have a lawyer observe each physician as he or she goes about day to day practice. The lawyer can then advise the physician regarding the legality of everything he or she intends to do, at the time the action is contemplated."

The Quality Assurance Provision requires that a condition of Medical Licensure in Massachusetts is for the physician to employ full time a lawyer whose job it is to accompany him or her whenever medical care is being delivered (including speaking over the phone to a patient at night, etc.), Since it is anticipated that some phycisians might exclude the lawyer from their presence at various times during the course of their lives, the bill provides that verbal or physical abuse directed against the lawyer, or any attempt to leave the lawyer's presence is punishable by a mandatory prison sentence of 5 years.

"There is a lot to talk about a 'lawyer glut", commented Reptile, "but it is clear that if the Massachusetts plan is extended throughout the country, we will in actuality require roughly twice the number of law schools simply to keep up with the demand."

The Cost Reduction Clause was demanded by the Business Round Table and the Massachusetts Society of Health Insurors, in exchange for their support. Physician and Hospital reimbursement through the new system is actually increased over present levels by

continued

The Roving Cynic Strikes Again!

continued

approximately 10%. However, the controversial aspect of this clause has to do with the "payback" part. This basically states that if the outcome of a medical intervention is unsuccessful, moneys previously paid to the provider must be returned, with interest. The clause goes on to define "unsuccessful" as "persistence of the disease being treated" or "death in the course of the provision of health care". The Medical Society contends that patients with diabetes, coronary artery disease, hypertension, emphysema, cancer, and several other entities will probably fall into one or both of the "unsuccessful" categories. This means that the average physician, who now grosses about $82,000 per year (the salary of a 3rd string nose guard on the New England Patriots) would gross $12,300 under the new system.

William C. Palmer-Smythe, chairman of the Business Round Table, was reached on his yacht for comment. "The difference is not as large as it sounds," he said. "At a gross income of $12,300 per year, the physician will be eligible for food stamps, medicaid, and numerous other benefits. He will pay no taxes at all, since the salary he is obligated to pay his lawyer is entirely tax deductable. Most physicians have sufficient reserves to finance the occasional deficit year."

Although the above are somewhat controversial, the Diffusion of Skills clause has caused the most comment. The Governor has determined that the major reason for the maldistribution of medical care, as well as its cost, has to do with the fact that a small elite possess the knowledge and skill necessary to give care. At the same time, farming and heavy industry in Massachusetts are in decline. The Diffusion of Skills clause requires that on an annual basis, 10% of the physicians, nurses, respiratory therapists, etc. of each Health Region in the state will trade jobs with agricultural and "blue collar" workers. In this manner, over several years, the skills necessary to provide health care will be diffused widely through the population of the state. At the same time, with increasing supply of knowledgeable individuals, the demand for professional and paraprofessional services will go down, greatly lowering prices. As more and more health professionals leave their now surplus position, they will already be trained to take positions in agriculture and heavy industry.

"It's an absolutely brilliant idea," commented Red "the Red" Grummage, chairman of the United Socialist Peasant and Workers party of Massachusetts. "Normally the Governor and I do not always agree, but this plan has so much going for it that he can count on our wholehearted support at the next election."

The Governor, when asked to comment on the above, replied cryptically, "Let a thousand flowers bloom."■

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Springfield Academy of Medicine
The Milbank Quarterly

In reviewing the library's journal subscriptions recently, Academy board members turned their attention to **The Milbank Quarterly** and were impressed by the quality of the publication and the relevancy of its articles.

The Quarterly has been published since 1923 and concerns itself with broad issues of health and society. In its early years its function was to report on activities of the Milbank Memorial Fund and on research in the Fund's areas of interest, but it has since evolved into a significant journal of health policy. Its articles have to do with economic and governmental aspects of our country's health care delivery system, and these topics lead to moral and ethical considerations. For instance, the 1983 winter issue dealt with very basic thinking that underlies attitudes toward abortion. The issue was entitled "The Problem of Personhood: Biomedical, Social, Legal, and Policy Views." More recently the **Quarterly** has put out two special supplements: "AIDS: the Public Context of an Epidemic" and "Medical Decision Making for the Demented and Dying."

The **Quarterly's** editorial board is made up of university based professionals in medicine, public health, government, and sociology. Articles are anonymously reviewed before publication. When published, they are signed with the author's names and institutional affiliations; but degrees and academic departments are not given. This policy is in keeping with the tradition of other scholarly journals; however it negates the reader's ability to take into consideration biases that may be related to an author's academic background. Because the **Quarterly's** articles are interdisciplinary in nature and often have philosophic overtones, concern about biases may be justified. In defense of his policy, the journal's editor states that it prevents the reader from summarily dismissing the worth of an article because of the reader's bias against a particular discipline. Nevertheless, the editor is now considering the inclusion of brief biographies of authors at the end of each issue.

The Milbank Memorial Fund, which publishes the **Quarterly**, was founded in 1905 by Mrs. Elizabeth Milbank Anderson in honor of her parents. The Milbank family had become wealthy through early investment in what became the Borden Milk Company and through the financing of the Chicago, Milwaukee and St. Paul Railroad.

Mrs. Anderson gave about eight million dollars to the foundation which dispersed it to organizations such as the Association for Improving the Condition of the Poor, the Legal Aid Society, the Children's Aid Society, the Serbian Child Welfare Association, and the National Committee for Mental Hygiene. Gradually the fund's interest moved to strenghtening medical school departments of social, community, and preventive medicine; during the past several years it has provided support for training in clinical epidemiology for selected members of medical school faculties. ■

Linda Rodger
Library Director

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This is Next

Some years ago one of my children asked "Mommy what are you going to do when you grow up?" It was probably mentioned within the context of he was going to be a fireman or policeman; but somehow over the years I have remembered this question.

Clearly, a marriage of almost 35 years, 5 children, a brief career in public health nursing, and a number of interesting volunteer experiences—including president of the Hampden District Medical Auxiliary—have provided stimulation, interest, challenge, and pleasure. However, after the children left for college, consumed with their independence, their mother feels less vital and some of the old pleasures of volunteerism no longer exist. At the same time one's husband works longer hours than ever, one ponders "what is next".

There has always been an urge to travel in me. In 1939 my mother and I were caught on the other side of the Atlantic as Hitler raced across Europe. In 1951 I traveled through Europe after college graduation. In 1974 our family headed west with our camper for seven weeks visiting the National Parks, and, over the years, we have visited forty-six of the fifty states. History, geography, people, politics, museums, and natural history, have all held a tremendous fascination for me. My mother raised me with the notion that education and travel were synonmous. We shared these same thoughts with our children. It was well established: all the years of reading, dreaming, and fantasizing were now providing me with some new interests and possible opportunities.

A casual conversation with a friend early in May of 1984 set my mind spinning. She was going to CHINA the next month for eight weeks with a UMass study group. They would be traveling as students and staying in student dormitories, having lectures on the Han Dynasty of Chinese professors, living in Xian whice once was the capital of the Han people, taking field trips in the afternoon to the tombs and some of the important Buddhist sites, as well as being in the Province where Mao Zedong fought and planned the Great Revolution. "WOW! I would love to go." How many times we have said this. It was my husband who said "It won't hurt to inquire". In early June the paper work, the shots, and the preparation for leaving home and family were over, and my "sabbatical" summer began.

It was an interesting group with diverse backgrounds, and other than the leaders, none of us had ever set foot into the People's Republic of China. Hong Kong was our first stop in Asia, and the pulsating excitement of flying over Victoria Peak, then seeing the harbor and the lights from all the buildings intensified as we landed at Kai Tak airport. I had never seen anything like it before. (Little did I realize how many times I would be saying this over the next two months.) The weather was warm and humid; it was evening; everything was organized for crowd control; there was a western feeling except for the neon signs in Chinese. Although we had been traveling for 24 hours, we were all ready to take our first ride on the Star Ferry to Hong Kong Island and the tram up to Victoria Peak. It was, and still is to me, a glorious sight. It is a fairyland of lights sprinkled around the hilly terrain, ships from all over the world, junks gliding around between the ships and islands, and crowds of people vigorously pursuing their activities. This, truly, is the gateway to the Orient. Although Hong Kong does not have a truly ancient past, it owes its importance to location, history, politics, and the climate for free enterprise. It is the hub of the Pacific Basin that reveals all the cultures, the advance technology, wealth, and challenge of which we should be aware. My horizons were beginning to broaden.

A three hour train ride from Hong Kong to Guangzhou is like going back a hundred years as the twentieth century fades away. The agricultural communities, the manual labor, the simple homes and villages, the train with the attendant offering hot water from a big tea pot

continued

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This is Next continued

for tea, and the sense of a different system as travel information is announced on a television screen. We arrived in Guangzhou in the steaming heat of June with long lines of people waiting to proceed through immigration after the careful scrutiny of every passport by several uniformed policemen. As we waited in the heat with a few ceiling fans twirling, it was clear that we were in a socialist country where the individual is just one of over a billion people. Our leader had explained to us the Chinese system for leadership, and how "leaders deal with leaders" and we should deal through him. When it came to our luggage, we were totally responsible for it, and loading it onto the bus. The ride to our university dormitory strained every muscle in my neck as I twisted and turned in all directions, to take in all the sights. Everything was different from anywhere I had ever been in my life; the masses of people, all moving; the smell of cooking; farming everywhere; some of the strange vehicles piled high with animals, ducks, furniture, or a whole family. National Geographic never showed me any of this. I never knew what was coming next, as I had no frame of reference. At the Foreign Student's Dormitory, we were welcomed by a group of lovely sweet young women who helped us with our luggage. It was confusing after the experience at the train station, and after what we had been told about modern Chinese customs. Our rooms were Spartan by our standards, but later we learned that this double room normally would hold four to six Chinese students. The netting around the bed was rather exotic, but proved necessary to ward off the mosquitos. The peculiar straw mat over the mattress, we found was very cool upon which to sleep. We were here for only a few days, but toward the end of our stay, all the bodily changes of going from west to east occurred. I wondered if it was going to be a little too late in life for me to experience this type of "sabbatical". Relief came in the form of the ever present hot water thermos in our room—Lipton's soup, Tetley's tea and departing to Guilin. The lovely dry climate was a welcome relief, and the odd limestone peaks rising suddenly from the flat green plain gave me a new confidence for the future. We traveled from Guilin through south China to Guiyang and thence to Chengdu in Sichuan Province by train. We traveled as the people traveled—in a cramped, hot, humid, aromatic train. It was a very rich experience in many ways. Our leader/professor shared so much knowledge and experience, one had a feeling of communication with Chinese people, and one felt their curiosity. We tried to speak in Chinese, we ate their food using chop sticks, and strained to capture every mile of the exquisite landscape. By the time we arrived in Xian ten days later, we were happy to be settled for three weeks of study at the university. We purchased bicycles and traveled around Xian, following our professor at first, and then going off on our own. It was an exhilarating experience, as every day was a new adventure, especially with the congestion and challenge of sharing the bicycle lane with hundreds (or thousands) of Chinese bicyclists.

Our Chinese guide and teachers were sharing more and more about themselves, their lives during the cultural revolution, and even their thoughts about their future and that of China. We visited Yennan in Northern Shanxi Province, the Communist stronghold during the thirties and forties, which few westerners were allowed to visit. By the time we left Xian, I knew that there was much that I didn't know, yet wanted to know. What had happened to China and Xian, a city of over a million at the time of the birth of Christ, a people who had made great discoveries, had such organized thoughts about governing, built the Great Wall; yet, in this century had such tortuous times and chose to be isolated from the rest of the world. The Chinese that I saw on my bicycle rides were hard working; generations caring for each other; peasants building roads without heavy equipment; parents eagerly sending their children off to school; and there was always a friendly "ni hao" (hello) for the "big nose" (non-oriental) stranger.

Their system of government is hard for us to understand, yet it may work well for them. The Central Government is in Biejing—the ancient capital as well as the capital of the People's Republic of China. It is China's most modern city distinguished by it's comparatively high standard of living. This was our last city in China, and due to our traveling we were able to appreciate the progress that had been made toward modernization. We wondered how long it would be before it happened in the provinces, or, would history replay the past?

My "sabbatical" summer gave me the impetus that I had needed, and in the fall I started to take courses in Chinese history and Art. My husband and I visited Egypt the next spring, and I went on to Jordan and Syria to visit our son who was studying on a Fullbright Scholarship at the University of Damascus. We traveled about Syria together and I saw Jerusalem from Mt. Nebo as Abraham had. I then thought about Xian and its civilization at the same period. Nothing was lost, I was very happy walking through these ancient lands and I wished it could continue forever.

At this point I recognized "what was next" for me. I had started by researching and orchestrating our family trips in the 1970's and now I had visited areas where relatively few travelers had been and was developing knowledge and expertise. Consequently, I became affiliated with a travel agency and began to share my knowledge and

continued

skills in planning trips for others. This provided the opportunity and challenge I needed for "next".

In 1985 my husband and I returned to China with a group from UMass under the leadership of the professor that I had traveled with the previous year, and this time I was responsible for the group travel arrangements. It also gave me an opportunity to travel on my own with my husband, and to make personal business contacts with Chinese travel service people in Beijing and elsewhere regarding future bookings. The following year I returned to Hong Kong and China with my own group, then stayed on to travel in Thailand and Burma where I made further business contacts. The hill tribes that had moved south from Yunnan Province in China, the devout Buddhist, the sunset at Pagan, and the flourishing economy of Thailand, all added to my appreciation and knowledge of Southeast Asia. At this point, I was planning trips for individuals to China, as well as student groups. Reading, traveling, planning, gaining experience and knowledge about Asia has taken my husband and me on some unique trips. We traveled to India, Kashmir, and Nepal last year and were fascinated by the differing textures of the valleys and mountains, the architecture, the dress of the inhabitants, the exotic spices, and the religions. It has been very useful to have visited and understood an area from a traveler's perspective before planning a trip there for others.

We are now finding, as we travel, a network of friends and acquaintances who live in these far off places. Last fall when I was in Beijing with a group, we were invited to a reception at the American Embassy for Tom Brokaw. I found a Tufts Medical School classmate of my husband's who is in charge of the medical unit at the Embassy. Bette Bao and Winston Lord (our Ambassador to China) are Tufts alumni as well. In the hotel in Lhasa, we met a Tibetan who recently graduated from Amherst College that we had lunch with last spring in Kathmandu. In Xian we were entertained by the Vice-Secretary General of the Foreign Affairs Office for Shanxi Province who recently had been a Visiting Scholar at Trinity College in Hartford. And even more satisfying is to see and hear from people who have traveled with me become more aware of events, places, and history. Parts of the world that once were closed, or too remote, are now a source of great interest and adventure.

What I used to dream about has come alive, and what I never knew existed, I am finding. The age of rapid transportation is providing me with a challenge and opportunity, and the travel business allows it all. ■

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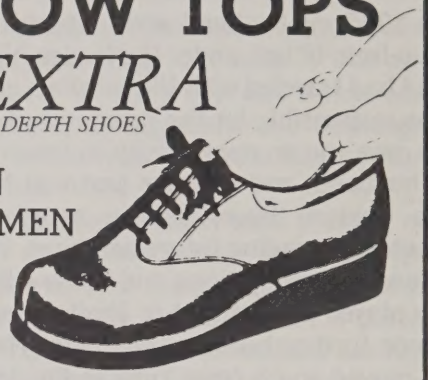

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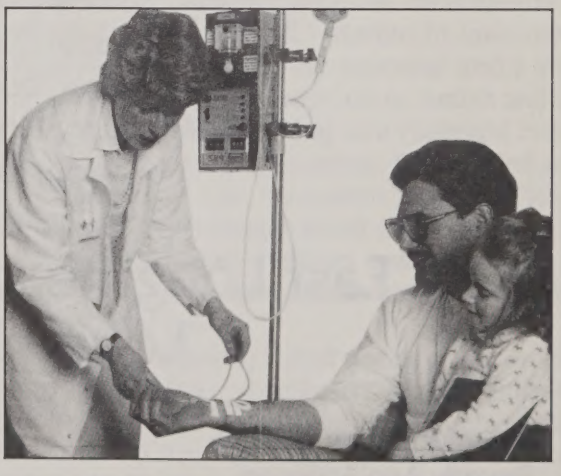

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Michael J. Germain, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	December 30, 1952
PREMED:	Hampshire College, MA 1970-73
MEDICAL:	University of Calgary, Canada 1973-76
INTERNSHIP:	Cambridge Hospital, MA 1976-77
RESIDENCY:	Cambridge Hospital, MA 1977-78 Hennipen County Med. Ctr., MN 1978-79
FELLOWSHIP:	Hennipen County Med. Ctr., MN 1979-81
SPECIALTY:	Nephrology/Internal Medicine

Henry K. Godek, M.D.
175 Moore Street
Chicopee, MA 01013

BORN:	April 22, 1958
PREMED:	Mass College of Pharmacy, Springfield and Boston 1976-81
MEDICAL:	University of Vermont College of Medicine 1982-86
INTERNSHIP:	Baystate Medical Center 1986-June 1987
RESIDENCY:	Yale-New Haven Hospial, CT July 1987-Present
SPECIALTY:	Anesthesiology
RESIDENT:	

Deborah M. Hayden, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	May 27, 1961
PREMED:	Dartmouth College 1979-83
MEDICAL:	Duke University 1983-June 87
INTERNSHIP:	Baystate Medical Center July 1987-Present
SPECIALTY:	OB/GYN
RESIDENT:	

Venesa J. Ingold, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	October 1, 1961
PREMED:	Johnson County Community College, Kansas 1979-80 University of Kansas 1980-83
MEDICAL:	University of Kansas Med. Ctr. 1983-87
INTERNSHIP:	Baystate Medical Center July 1987-Present
SPECIALTY:	General Surgery
RESIDENT:	

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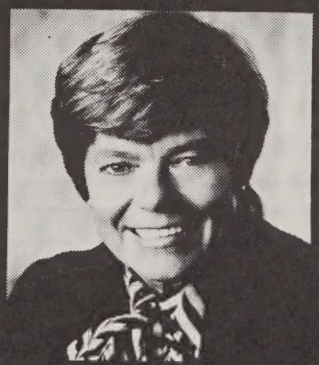

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Mercy Hospital
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BORN: March 16, 1950
PREMED: Brown University, RI 1968-72
MEDICAL: Harvard, MA 1977-81
INTERNSHIP: Beth Israel, Boston, MA 1981-82
RESIDENCY: Mass General, Boston, MA 1982-85
FELLOWSHIP: Boston VA 1985-86
SPECIALTY: Radiology

Farhad Navab, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: September 12, 1938
PREMED: Cambridge Univ., Cambridge, U.K. 1957-60
MEDICAL: Guy's Hospital, London, U.K. 1960-63
INTERNSHIP: Guy's Hospital 1963-64
Addenbrooke's Hospital 1964-65
RESIDENCY: London Chest Hospital 1965-66
Brompton Hospital 1966-67
FELLOWSHIP: Strong Memorial Hospital, Rochester, NY 1970-71
SPECIALTY: Internal Medicine/Gastroenterology

Kimber C. Richter, M.D.
P.O. Box 271
Palmer, MA 01069

BORN: October 28, 1954
PREMED: University of Wisconsin, Rock County 1972-74
University of Wisconsin, Madison 1974-75
MEDICAL: Medical College of Wisconsin, Milwaukee 1975-76
University of Cincinnati College of Medicine 1976-79
INTERNSHIP: Christ Hospital, Cincinnati OH 1979-80

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BORN: August 28, 1950
PREMED: M.I.T. MA 1967-74
MEDICAL: Mt. Sinai School of Medicine, NY 1974-78
INTERNSHIP: Strong Memorial Hospital, NY 1978-79
RESIDENCY: Strong Memorial Hospital, NY 1979-81
SPECIALTY: Pediatrics/Adolescent Medicine

David R. Fanti, M.D.
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BORN: January 19, 1959
PREMED: Tufts University 1980
MEDICAL: Tufts Medical 1984
INTERNSHIP: Baystate Medical Center 1984-85
RESIDENCY: Baystate Medical Center 1985-87
SPECIALTY: Internal Medicine

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National Conference to Mobilize Forces Against Health Fraud

A national conference to help organize the war against health fraud, sponsored by the Federal Food and Drug Administration and St. Mary's and Trinity Lutheran Hospitals, Kansas City, MO, in cooperation with the American Medical Association, will be held March 13-15, 1988, at the Allis Plaza Hotel, Kansas City.

The National Health Fraud Conference 1988 will provide practical guidance to individuals and organizations at the local, state and national levels, to help combat the growing problem of health fraud and misinfomation.

An estimated 600-900 individuals and representatives from health care, government, industry and consumer agencies are expected to attend. The program includes plenary session, focused workshops, exhibits, poster sessions and informal receptions to help disseminate information and to build and expand anti-health fraud programs and networks.

Among the nationally known authorities who will take part in the program are:

- Frank E. Young, M.D., PhD., Commissioner of Food and Drugs, FDA
- Robert E. Windom, M.D., Assistant Secretary for Health, U.S. Department of Health and Human Services
- Stephen Barrett, M.D., Chairman, Lehigh Valley Committee Against Health Fraud
- William T. Jarvis, PhD, President, National Council Against Health Fraud
- John H. Renner, M.D., Chairman, Midwest Council Against Health Fraud
- James Randi, Magician, Author of **Flim-Flam** and **The Faith Healers**, and Chief Investigator for the Committee for the Scientific Investigation of Claims of the Paranormal

The program has been approved for 14.75 prescribed hours of Continuing Education Credits by the American Academy of Family Physicians and approval for other disciplines is pending. Participants are encouraged to exhibit. Single registration fee is $225; multiple registrations are $200 per person.

For further information, contact Linda Koller Strub, Conference Coordinator, National Health Fraud Conference, (816) 753-5700, ext. 2545, or (800) 821-6671.■

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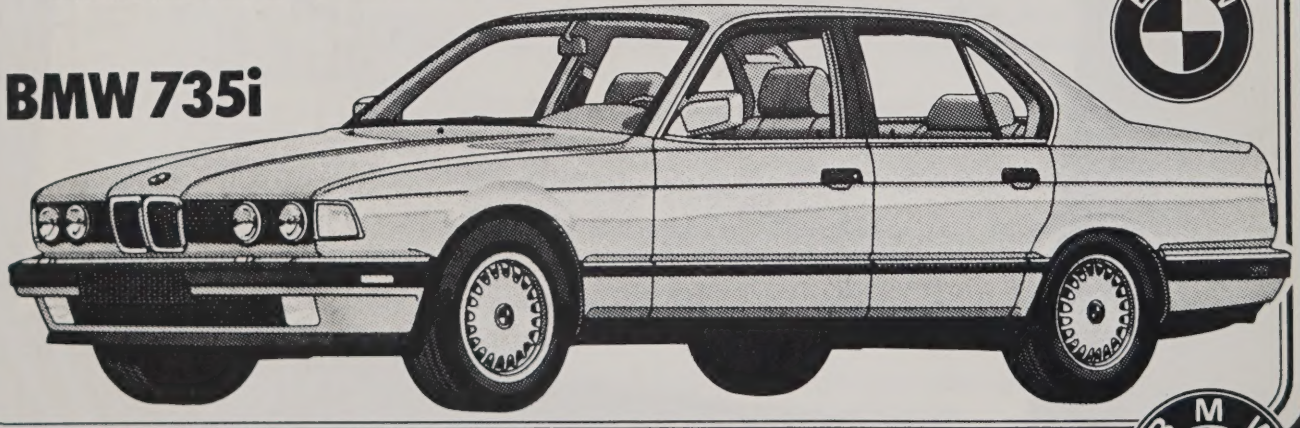

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